

Community Health Assessment



Public Health
Prevent. Promote. Protect.

Cudahy Health Department

Implemented Date: 02/2015

Revised Date: 01/2016

Community Health Assessment Overview and Background

Every five years, the Cudahy Health Department (CHD) conducts a thorough community health assessment (CHA) to measure the health and quality of life of Cudahy residents. The purpose of the community health assessment is to:

- Provide accurate, credible and valid information to guide public health decision-making;
- Raise awareness of public health needs, emerging issues strengths and challenges within the community;
- Engage citizens and partners in improving the health of Cudahy residents;
- Fulfill a state requirement of all local health departments (DHS.104.04).

The data collected through the assessment process will be used by CHD and community partners to identify community health priorities and create a five-year Community Health Improvement Plan (CHIP) to improve the health of all Cudahy residents.

The CHD follows the community assessment model as a modified version of the National Association of County and City Health Officials' (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) framework. The MAPP framework emphasizes creating and strengthening the local public health system through collaboration with community partners to share the sense of ownership in working towards improving a community's overall health status. This report will highlight findings from pieces of the assessment and other primary and secondary data sources including but not limited to the Aurora Health Care community health survey, census data, Cudahy Fire and Police department statistics, Wisconsin Interactive Statistics on Health (WISH) and Women Infants and Children (WIC). The CHA intends to provide an overview of the health status and health behaviors of Cudahy residents.

Demographics and Vital Statistics of Cudahy

The City of Cudahy is located in the southeast region of Milwaukee County and occupies approximately 4.77 square miles of land. The City of Cudahy was incorporated in 1906 with a population of 2,556 (Cudahy Historical Society).

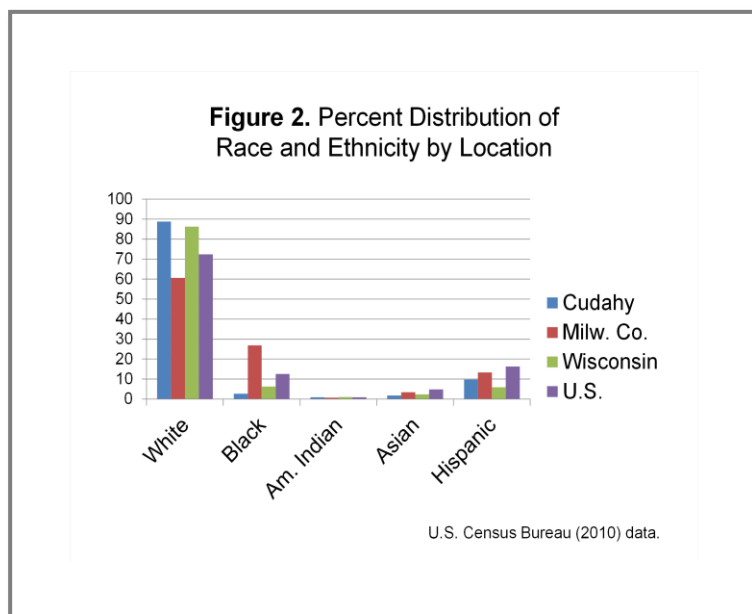
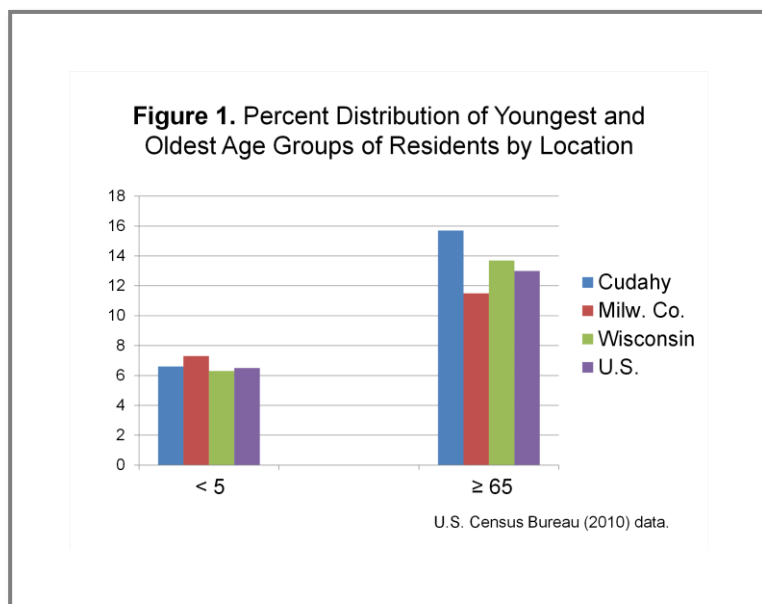
Socioeconomic characteristics are strongly linked to health outcomes. Research suggests that lower socioeconomic status (SES) is linked to poorer health outcomes; and, poor health may in turn reduce one's ability to work, and therefore, decrease their ability to improve their SES (APA). The economic indicators, educational attainment, transportation and communication data for the Cudahy community provide a representation of how socioeconomic status may influence the health data included in this report.

Sociodemographic indicators

Based on the U.S. Census, Cudahy had 18,267 residents in 2010. Children and elders are considered vulnerable populations. Cudahy has a similar proportion of children less than 5 years of age as Milwaukee County, Wisconsin, and the United States (U.S.), (Figure 1). However, Cudahy has a considerably larger proportion of residents 65 years of age or older compared to the county, state, and nation.

Females outlive males, in general (Census Bureau, 2010). As a result, the median age of women in Cudahy (42.0 years of age) is much greater than males (38.6 years of age). Cudahy females are notably older (based on median age) than their counterparts locally (34.9 years of age), statewide (39.6 years of age), and nationally (38.5 years of age).

Cudahy is predominantly white (88.8%) and non-Hispanic (Figure 2). Yet, in 2010, nearly 10% of the population was Hispanic (Census Bureau, 2010; data not shown), up from 4.7% in 2000 (Census Bureau, 2000). There has been minimal change in the proportion of racial groups since 2000.



Educational attainment and its relation to poverty

City of Cudahy residents 25 years of age or older were about as likely (87.3%) as other residents in Milwaukee County, Wisconsin, or the U.S. to have attained at least a high school diploma or General Education Diploma (GED) (Census Bureau, American Community Survey, 2013; data not shown). One in five (20.8%) of Cudahy residents 25 years of age or older who were surveyed between 2008 and 2012 and

who had not completed high school, were living below the poverty level. They fared worse than

individuals with a high school diploma or more advanced education, but somewhat better than their counterparts who lived in Milwaukee County (32.3%), Wisconsin (23.1%), and the U.S. (26.5%).

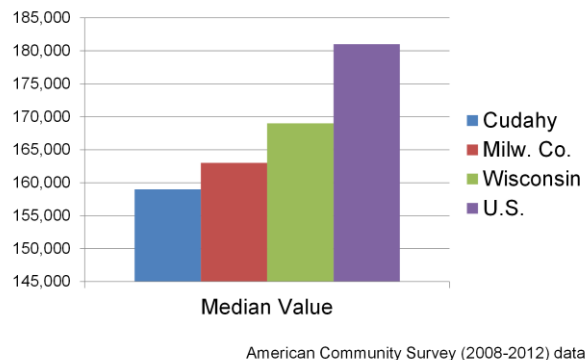
Economic indicators

The median household income in Cudahy (\$51,781) was slightly less than Wisconsin (\$52,627) and the U.S. (\$53,046), but considerably higher than Milwaukee County (\$43,599) (Census Bureau, American Community Survey, 2013). Cudahy had a somewhat better (i.e., lower) housing unit vacancy rate (7.0%) compared to Milwaukee County (8.2%), and much less than Wisconsin (13.1%), and the U.S. (11.4%) (Census Bureau, 2010).

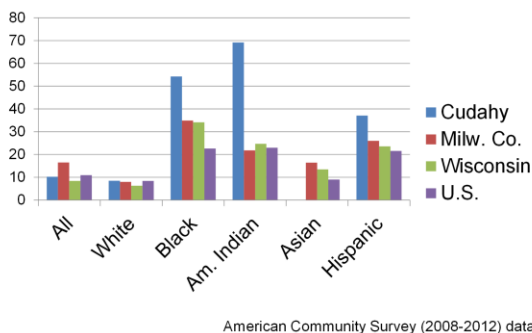
Another economic indicator is the percent of rental units. The percent of renter-occupied housing units in Cudahy in 2010 was 40.1% (Census Bureau, 2010). That is less than in Milwaukee County (48.7%), but considerably higher than in Wisconsin (31.9%) and the U.S. (34.9%). The median value of owner occupied housing is less in Cudahy than locally, state-wide, and nationally (Figure 3). The median rental unit cost to Cudahy residents (\$750) was about the same as residents in Milwaukee County (\$736) and Wisconsin (\$749), but considerably less than in the U.S. (\$889), overall (Census Bureau, American Community Survey, 2013).

Although racial/ethnic minorities comprise a small percent of the population, minority families are much more likely to live in poverty (Figure 4).

**Figure 3. Economic Housing Indicator:
Median Value (\$) of Owner Occupied Units**



**Figure 4. Percent of Families below the
Poverty Level by Race/Ethnicity and Location**



Cudahy has a disproportionate percentage of older housing stock than that of Wisconsin and the U.S. (Figure 5; Census Bureau, American Community Survey, 2013). Housing built before 1950 is more likely to pose a lead paint hazard, depending on the condition of the housing and paint finishes, in particular (Levin et al., 2008). Lead paint surfaces that are flaking or chalking (releasing lead dust) are a serious hazard to young children.

Transportation and communication

Lastly, more than 10% of Cudahy residents have no access to a vehicle, faring worse than people in Wisconsin (7.0%) and the U.S. (9.0%), although better than Milwaukee County (14.0%) as a whole (Census Bureau, American Community Survey, 2013). More than 98% of Cudahy residents have access to a telephone, similar to the county, state, and nation.

Birth Outcomes

The prevalence of preterm birth (< 37 weeks gestation) and low birth weight (< 2500 grams) in the City of Cudahy, and for Wisconsin, for comparison purposes are reported in Table 1. These data were obtained from the Division of Public Health website: Wisconsin Interactive Statistics on Health. Only birth outcomes are reported by health departments. The prevalence of preterm birth was elevated in 2013 in comparison to the state level data for unknown reasons.

Table 1. Prevalence (%) of Preterm Birth and Low Birth Weight, City of Cudahy and Wisconsin						
	2011		2012		2013	
	Cudahy	WI	Cudahy	WI	Cudahy	WI
Preterm, < 37 weeks	9.1	10.1	9.4	10.2	12.2	10.0
Low birth weight, < 2500 g.	7.1	7.2	5.8	7.2	6.8	7.0

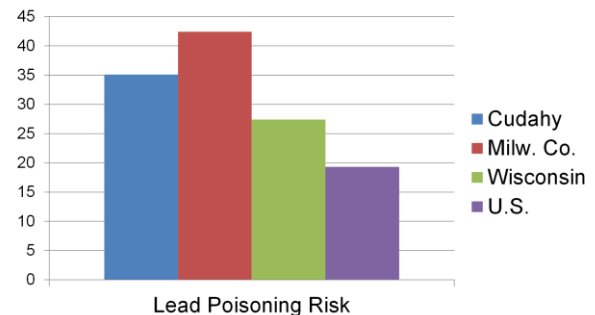
Mortality

Mortality refers to the cause of death. The total number of deaths reported from 2011-2013 was 178, 160, and 191 respectively. The mean age of Cudahy residents at the time of death in 2011 (73.1 years) and 2012 (73.5 years) however, an increase occurred in 2013 (76.9 years). The means age at the time of death for Cudahy residents is less than the mean for both the state of Wisconsin (80.3 years) and the nation (78.7 years). Premature mortality results in economic loss, loss in productivity, and stress to the family. The leading causes of death in Cudahy were related to heart disease and cancers (Figure 6). This data mirrors the trends of that state and nation.

Morbidity

Morbidity refers to disease or illness; looking into morbidity provides more information into the health conditions of a community instead of just focusing on the single cause of death. There are many illnesses that people may battle for decades, which can lead to costly medical care, inability to perform

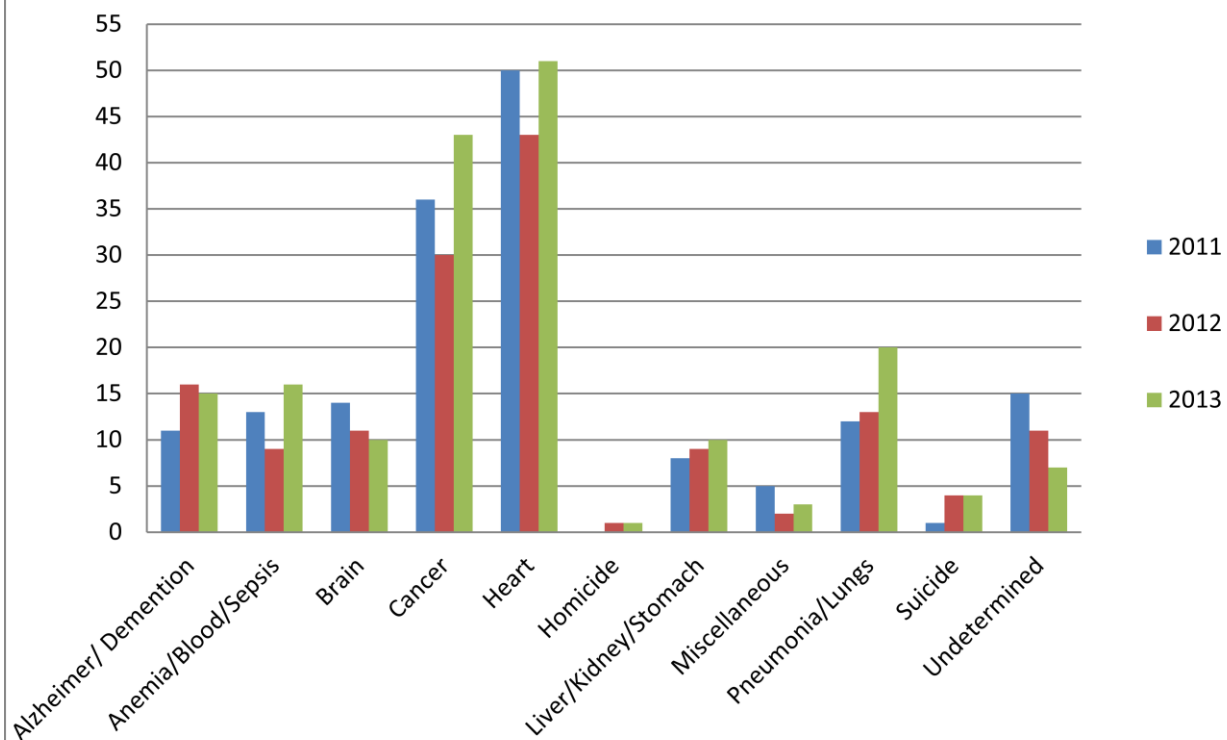
Figure 5. Percent of Pre-1950 Housing Stock: Lead Poisoning Risk



American Community Survey (2008-2012) data.

routine activities, inability to work, or decreased quality of life. By determining if there are certain health conditions that seem to be affecting a large proportion of the population, it may provide insight into priority areas, programs, strategies and partnerships that may improve these conditions for the

Figure 6. Cause of Death by year.



Cudahy, Wisconsin death certificate data 2011-2013

community. For example, both high blood pressure and high cholesterol can lead to a number of life-threatening conditions such as heart attack, stroke, arterial disease, kidney disease and a multitude of other complications. To help prevent high blood pressure and cholesterol from occurring, changes in diet, exercise and stress management are key. Medications are also available to help manage these health conditions once an individual is diagnosed.

Access to Healthcare and Preventative Services

Healthcare, physicians, doctors' offices and hospitals are often the first things that come to mind when asked about health. Access to these facilities and services in an affordable manner has a large impact on an individual's health. The benefits of healthcare are plentiful though, several barriers may hinder the impact healthcare systems have on a community. Barriers to accessing healthcare may include economic constraints, transportation, lack of services in a specific area, lack of insurance and distance needed to travel. Health Resource Utilization measures access, usage and costs of preventative health care. Percentages of residents with insurance (health care coverage) and those following through with routine procedures are indicators of the important issues of access to care and health resource utilization in the community.

Health insurance coverage is important for health resource utilization. Healthiest Wisconsin 2020 (HW2020), the state of Wisconsin's Health Plan, intends to reach a goal of 100% insurance coverage in the state population. This would be a 22% increase over the current coverage rate in Wisconsin. Cudahy has only a 4% uninsured rate according to most recent data (Community Health Survey; 2012). The implications of the Affordable Care Act will influence health insurance coverage and data in future community assessments.

Health Care Coverage

Cudahy	2003	2006	2009	2012
Not Covered				
Personally (currently)	6%	9%	9%	4%
Personally (past 12 months)			12%	4%
Household Member (past 12 months)	15%	20%	13%	4%

**Data indicates those personally not covered in Wisconsin was 11% and in the US, 15%, according to 2010 research.*

Health Care Facilities, Coverage and Goals

Aurora St. Luke's South Shore is a large facility located in Cudahy that provides a variety of inpatient and outpatient care services. The community also has close proximity to large medical systems including Wheaton Franciscan, Froedtert, the Medical College of Wisconsin and Columbia St. Mary's. These facilities and providers treat existing health conditions and promote preventative care screenings and services. Importance is placed on prevention because the risk of death from various types of cancer and chronic diseases can be reduced through periodic screening. Eighty-six percent of Cudahy residents have had a routine check-up in the last two years, which may be considered a preventative care service. This is a 13% increase from 2009. Sixty-nine percent of residents have had a dental check up in the past year and 43% have had an eye exam (Community Health Survey; 2012).

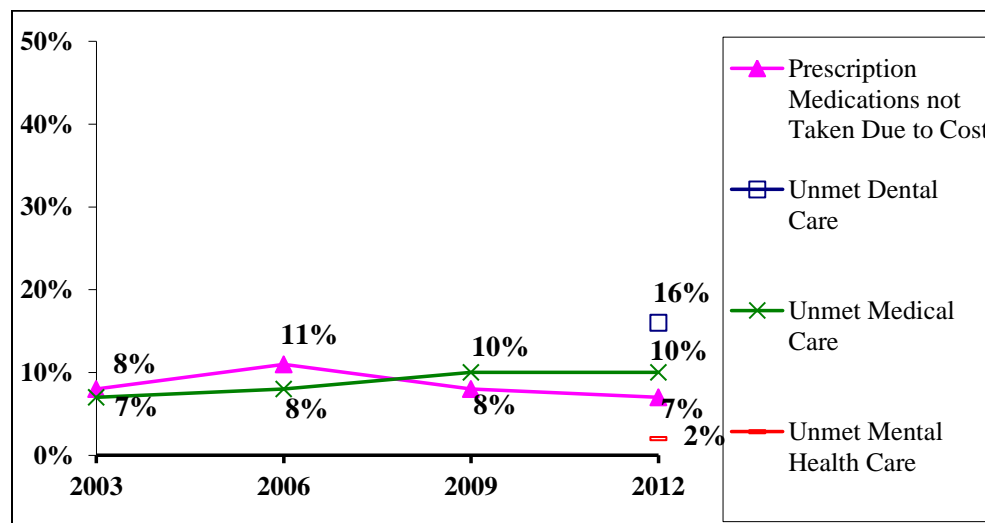
Routine Procedures

Cudahy	2003	2006	2009	2012
Routine Check Up (2 years ago or less)	83%	83%	73%	86%
Cholesterol Test (4 years ago or less)	77%	76%	75%	71%
Dental Check Up (past year)	63%	65%	69%	69%
Eye Exam (past year)	48%	47%	50%	43%

**Wisconsin 2010 Data indicates routine checkups at 79%, cholesterol tests at 77% and dental checkups at 75%.*

Those residents with unmet healthcare needs may be experiencing challenges with health care utilization. There may be barriers to care that need to be addressed in order to remedy the number of prescription medications not taken due to cost or other unmet dental, health and mental health care needs. In Cudahy, 35% of residents had unmet needs health care needs (Community Health Survey; 2012).

Unmet Healthcare Needs (Past 12 Months)



Maternal and Child Health

The conceptual framework called the Life Course Theory (LCT) helps explain health and disease patterns across populations over time. It aims to determine underlying causes of diseases and health conditions across population groups. The LCT, as it pertains to Maternal and Child Health, tries to understand factors that will help these populations attain optimal health over a lifetime. It incorporates reproductive health before conception (proper nutrition, a healthy lifestyle), appropriate prenatal care, safe and full-term deliveries, positive postpartum periods and supports healthy growth and development throughout a lifespan. Safe and healthy sexual practices reducing sexually transmitted infections and unintended pregnancies are also of focus.

Birth and infant mortality data are important measures of child health. The number of births for the City of Cudahy varied from 2011-2013 as did the male-female ratios (Table 2). The average recorded estimated gestational age was slightly more than 38 weeks. Multiple sets of twins were born during each of the three years. The death recorded in 2013 was attributed to a preterm birth. In 2013, the health department was provided data on the average age of Cudahy women who gave birth, as well as women 19 years of age or younger who gave birth. Participation in the Women Infants and Children program remained consistent over the three year reporting period, providing evidence that women of Cudahy utilize this nutrition program for education and supplemental food supplies. A large decrease was noted in 2013 regarding breastfeeding as the preferred method of feeding at the time of hospital discharge. No information was provided on the reason for this sharp decline.

Table 2. Prenatal and Birth Outcomes, City of Cudahy			
	2011	2012	2013
Births per Year, frequency	197	223	205
Females	92	113	101
Males	105	110	104
Male: Female Ratio	1.14	0.97	1.03
Breastfed on Discharge, frequency (started 2011)	141	164	99
Breastfeeding Prevalence (%)	71.6	73.5	48.3
Infant Death, frequency			1
Gestation in Weeks, annual average	38.61	38.82	38.21
Mother's Age, average (started 2013)			27.9
Teenage Mothers \leq 19, frequency (started 2013)			12
Twins per Year	4	4	5
Birth Weight, annual average in lbs.	7.34	7.34	7.27
WIC Participants (started 2011)	76	94	85
WIC Participation (%)	38.6	42.2	41.5

Indicators of positive maternal and child health may be depicted by prenatal care coordination data. For example, early and regular prenatal care is one of the best ways to promote a healthy pregnancy and birth outcome. A total of 82.4% of Cudahy mothers receive medical prenatal care. This is higher than the 67% of mothers in Wisconsin overall. It is important to note that 2.3% of Cudahy mothers do not receive any medical prenatal care (WISH). Data sources are limited on the local level in the maternal and child health category because it mainly exists as county level data. Other local topics that would depict maternal and child health in the community include: tobacco exposure in pregnancy, alcohol or substance use in pregnancy, breastfeeding, paternal involvement, safe infant sleep knowledge and perinatal depression.

Obtaining routine women's health care is an indicator of positive maternal or female health outcomes. In 2012, 77% of female respondents age forty and older reported having a mammogram within the past two years (Community Health Survey; 2012). Eighty-five percent of female respondents 18 to 65 years of

age reported a pap smear within the past three years; respondents with a college education, who were in the top forty percent household income bracket or married were more likely to report this. From 2003 to 2012 there was no statistical change in the overall percent of respondents in either of these categories.

Wisconsin Well Woman Program (WWWP)

This program provides preventive health screening services to women with little or no health insurance coverage. Women aged 45-64 within the program's income guidelines who do not have health insurance, has insurance that does not cover routine check-ups or screenings, or are unable to pay deductible or co-payment amounts are eligible for enrollment. According to the Suburban Milwaukee County Wisconsin Well Woman Program, 2013 Program Evaluation, CHD enrolled 35 women in this program. Based on this number, Cudahy is ranked fourth highest in Suburban Milwaukee County for referrals into WWWP. Historical data may be referenced below.

WWWP Enrollments	2009	2010	2011	2012	2013
Cudahy	38	24	33	28	35

Environmental Health

Environmental health covers a wide variety of services from restaurant inspections and safely prepared food to lead abatement and the physical environment. The authority to control these hazards is granted by WI Statute 254, administrative codes and additional local ordinances. Environmental Health also includes factors such as air quality and water quality.

Restaurant and Retail Food Locations

The CHD utilizes an Environmental Health Specialist to administer an inspection program within the community, conducting routine inspections of all establishments necessary according to State mandates. Establishments that sell food, pools, motels, school kitchens, tattoo parlors and animal-associated businesses have inspection necessities.

Food-borne Pathogens

The CDC estimates that each year roughly 1 in 6 Americans (48 million people) get sick, 128,000 are hospitalized, and 3,000 people die of food-borne illness. There are many pathogens and causes of food-borne illness. In WI the most common food-borne pathogen is Campylobacter. The Environmental Health Program at CHD handles food-borne illness reports and follows up with investigation.

Lead

Lead is highly toxic and another environmental health concern that is correlated with poor health. Prolonged lead poisoning in children can lead to reduced kidney function, learning disabilities, increased behavioral disorders and death in severe acute exposures. According to WI State Statute 254, lead poisoning or exposure means a level of lead in the blood of 10 or more micrograms per deciliter

(mcg/dl). The CDC uses a reference level of 5 mcg/dl which will likely identify a greater number of children as having lead exposure. The state of Wisconsin has not yet changed its lead indication level. To reduce the number of children in Cudahy that are exposed to lead, the health department participates in the Wisconsin Childhood Lead Poisoning Prevention and Control program. Referrals from medical providers, clinics and the Women, Infant and Children program are made to the health department for further investigation and follow up. The Cudahy Water Utility also monitors for lead. The reports are clear of this contaminant. The number of Cudahy children with elevated lead levels has remain fairly consistent from 2011-2013 (Table 3).

Table 3. Number of Cudahy Children With Elevated Lead Levels			
Lead Level	2011	2012	2013
5 to <10	17	14	17
10 to <15	3	2	1
15 to <20	2	1	2
>20	1	1	1
Total	23	18	21

Radon

Radon is an odorless, colorless, radioactive gas that has been implicated as the second leading cause of lung cancer. Radon enters homes through cracks in floors or walls, gaps in suspended floors, near service pipes or construction joints and open spaces inside walls. It is important for homes to be tested for radon determining the level. If levels are high, actions can be taken in your home. Radon test kits are provided to residents upon request and samples are sent to the state for testing.

Air Quality

The City of Cudahy is located in Milwaukee County; therefore, Milwaukee County's air quality report as referenced from the Wisconsin Department of Natural Resources can be utilized to determine pollution. Milwaukee County's report indicates there have been 3 unhealthy air pollution days in 2014 so far. There have been 6 air quality notices for ozone from 2012-2014. Lowering the number of particulate and ozone days would be indicative of better air quality.

Water

The Cudahy Water Utility provides water service for the City of Cudahy residents utilizing Lake Michigan as a water source. The Cudahy Water Utility tests for over 500 water contaminants and demonstrates quality water with no impurities present. The organization produces a Water Quality Report that is submitted to the Wisconsin Department of Natural Resources and to the US Environmental Protection Agency which both monitor the Utility's compliance with regulations to assure the community of safe drinking water. Test results from the Cudahy Water Utility show that there are low levels of some contaminants found in Cudahy water though all are reasonably to be expected in at least small amounts of drinking water, including bottled water. The report indicates there were no violations in water safety.

Communicable Disease

Communicable diseases (CD) are illnesses that originate from viruses, bacteria, fungi, parasites or toxins. CDs are typically spread from person-to-person, but can also be passed through an indirect source or vectors, such as mosquitos or contaminated foods. Wisconsin State Statute 252.03 states that a local health department “upon the appearance of any communicable disease in his or her territory shall immediately investigate all circumstances and do what is reasonable for the prevention and suppression of disease.” Chapter DHS 145 lists 80 reportable diseases in the State of Wisconsin.

The number of communicable disease investigations from 2011—2013 were 136, 201, and 195 respectively (Table 4). Chlamydia continues to be the most reported communicable disease as in previous years, mirroring trends of the county, state and nation.

Table 4. City of Cudahy Communicable Disease Investigations.			
Diseases	2011	2012	2013
Campylobacter	0	2	6
Chlamydia	63	66	66
E Coli	1	0	5
Giardia	0	2	3
Gonorrhea	10	10	12
H1N1(influenza)	4	0	0
Hepatitis B	4	4	0
Hepatitis C	13	20	11
Influenza (other than H₁N₁)	4	1	26
Kawasaki	0	0	1
Lyme	5	4	7
Measles	3	1	0
Meningitis	1	3	1
Pertussis	2	34	21
Salmonella	2	0	3
Shigella	0	1	2
Streptococcal (invasive)	5	9	8
Tuberculosis (all)	8	18	10
Varicella	3	7	3
West Nile Virus	0	1	0
Total	128	183	185

Vaccine-Preventable Diseases

Immunizations have been described as one of the greatest public health achievements of the 20th century. It is one of the most cost effective preventative measures available. Due to their effectiveness, immunization programs are a required service of local health departments in WI Administrative Code DHS 144.

The CHD Immunization Action Plan (IAP) Grant focuses on raising the immunization rates of children 24 months of age living within our Cudahy Community. The grant objectives direct the health department

to contact parents/guardians with information regarding their child's recommended immunizations either by mail or telephone. Enlisting the assistance of the child's primary care provider is also encouraged. Vaccines are then provided by the health department or private provider. Success of interventions taken by the health department are measured using Wisconsin Immunization Registry Benchmark Reporting occurs after all members of the cohort turn 24 months of age with progress towards reaching 90% over subsequent years of grant participation (Table 5).

Table 5. Immunization Rates for IAP Grant, City of Cudahy	
Year Turn 24 months	Benchmark % Criteria Met
2011	70%
2012	67%
2013	73%

It is also important for the adult population to vaccines. The Cudahy Health Department partners with Wheaton Franciscan Home Health Services for the delivery of our community influenza ('flu') clinic located in the Cudahy Common Council chambers. Working collaboratively with the assistance of Cudahy volunteers, influenza vaccine is provided to our community members. The vaccine rates for adults 65 years of age and old has remained consistent from 2011-2013 (Table 6).

Table 6. Immunizations of Adults 65 years of age or older			
	2011	2012	2013
Flu Vaccine	32%	33%	33%
Pneumonia vaccine	23%	22%	22%

Alcohol, Tobacco & Substance Abuse

Excessive consumption of alcohol, misuse of various substances and tobacco usage can lead to several health risks:

Excessive alcohol consumption

Excessive alcohol consumption can lead to several immediate health risks including unintentional injuries (traffic injuries, falls), domestic violence, risky sexual behaviors, poor birth outcomes and alcohol poisoning, over time, excessive drinking can lead to the development of chronic diseases, social and economic problems and neurological impairment.

Tobacco use

Tobacco use remains the number one cause of preventable deaths in the US. Tobacco use causes cancer, stroke, heart disease and unfavorable birth outcomes (premature birth, low birth weight, still birth and infant death). Secondhand smoke may also cause heart disease and respiratory illnesses in adults and asthma, respiratory infections and ear infections in exposed children.

Cigarette Use

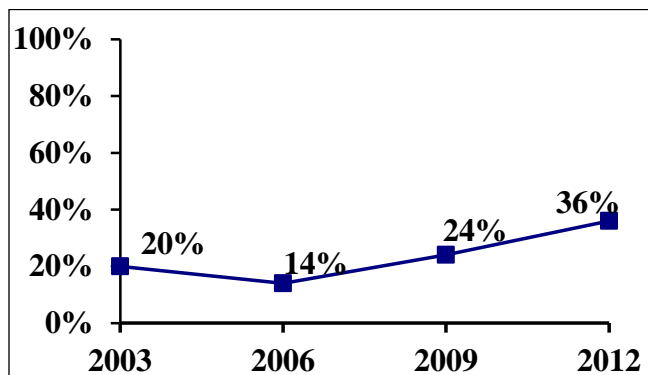
Cudahy	2003	2006	2009	2012
Current Smokers (past 30 days)	25%	27%	24%	19%
Other Tobacco Products (past 30 days)				4%
Of Current Smokers...				
Quit Smoking 1 Day or More in Past Year (trying to quit)	56%	52%	64%	59%
Saw a health Care Professional in Past Year (advised to quit)		57%	89%	76%

Substance abuse

The use of illicit substances includes marijuana, cocaine, heroin and methamphetamines. Abuse of prescription and over-the-counter medications includes pain relievers, tranquilizers, stimulants and depressants.

Both binge drinking and heroin and opiate use are on the rise in the Cudahy community. Both adults and youth are facing this challenge; the landscape of both Wisconsin and Cudahy specifically contribute to the issue. The state of Wisconsin has 1.4 times the national rate for OWIs and alcohol related deaths are the 4th leading cause of death. The City of Cudahy contains numerous licensed bar establishments and creates a socially acceptable drinking culture, falling in suit with the landscape of the rest of the state. Self-reports of binge drinking have increased from 14% in 2006 to 36% in 2012 (Community Health Survey; 2012). The definition of binge drinking is 4 or more drinks on an occasion for females and 5 or more drinks on an occasion for males. The state of Wisconsin has a 22% rate, the United States has a 15% rate and the State Health Plan (HW2020) has a goal of 24%.

Binge Drinking in Cudahy



Alcohol Use in Past Month

Cudahy	2003	2006	2009	2012
Binge Drinker	20%	14%	24%	36%
Perhaps Had Too Much To Drink	2%	2%	1%	2%

Heroin and Opiate Use

According to the CDC, overdose deaths from opioids and heroin increased in 2011 (the most recent year of data available). In the U.S., opioid deaths increased by about 2% from 2010-2011 and heroin deaths jumped by nearly 44% in that same year (CDC). The increase in heroin deaths may be partway due to users having less access to opioids, primarily prescription medications, and switching to the illicit drug instead.

Milwaukee County data reports of heroin overdoses are the closest indicator of what the substance abuse is like in the Cudahy community: In 2013, 67 people died from heroin-related overdoses, according to the Milwaukee County medical examiner. This is a 600 percent increase from just 10 years ago. The Cudahy Police Department (CPD) in addition to St. Luke's South Shore, have also qualitatively reported a tremendous rise in heroin and opiate use in the last 5-7 years. The City estimates 12-18 overdoses a year, which may be a weak statistic for it is assumed many incidences are underreported. Emergency department visits for substance abuse are high; According to Emergency Medical Services, paramedics administered 225 doses of Narcan (to reverse opiate overdose) in 2013. The Cudahy Police Department is actively working to address heroin in opiate use in the community and also reduce the associated crimes. The department is working with major employers as a means to address this issue and the Mayor of Cudahy attended the Marquette University Heroin Summit in 2014.

Mental Health, Violence & Injury Prevention

Mental health is a multifaceted issue comprised of factors that may directly or indirectly influence overall health status of individuals and communities. Mental health includes conditions such as depression, panic and conduct disorders, while social health includes violence and crime in the community. Overall psychological wellbeing, safety and mental health conditions may be exacerbated by substance abuse and violence within the home and community. Other factors that may also influence social and mental health factors may include economic turmoil and stress.

The most frequently reported mental health issues and concerns within the Cudahy community include the following: depression, anxiety, psychiatric disorders, hoarding, suicide, bullying, older adult isolation, family mental health and lack of access to mental health services. Mental health and its multifaceted components are of growing concern in the community. From 2009 to 2012 the number of reported individuals with mental health conditions increased from 10% to 17% of the population (Community Health Survey; 2012). Approximately 6% of the population feels sad, blue or depressed consistently,

according to the 2012 Cudahy Community Health Survey, and 2-5% of the population has considered suicide from 2006-2012. Parents report that 41% of Cudahy youth are bullied. The police have reported an increasing number of 'Chapter 51's' which is an instance when police are called to address an issue that involves someone with a mental illness, developmental disability or alcohol or drug dependency. This area of health priority is of growing concern for the Cudahy community.

Mental Health Status

Cudahy	2003	2006	2009	2012
Felt Sad, Blue or Depressed				
Always/Nearly Always (past 30 days)	6%	5%	7%	6%
Find Meaning and Purpose in Daily Life				
Seldom/Never	5%	6%	5%	7%
Considered Suicide (past year)	3%	3%	5%	2%

Healthy Eating, Physical Activity & Weight

Healthy eating promotes proper growth and development in individuals and reduces the risk of diseases and high-risk health conditions such as cancers, cardiovascular disease and diabetes in adults. According to the national dietary guidelines, Americans should eat a variety of foods, especially fruits and vegetables, whole grains and fat-free and low-fat dairy products (persons aged 2 years and older). The guidelines also recommend that Americans limit saturated and *trans* fats, cholesterol, sodium (salt), added sugars and refined grains in their diets.

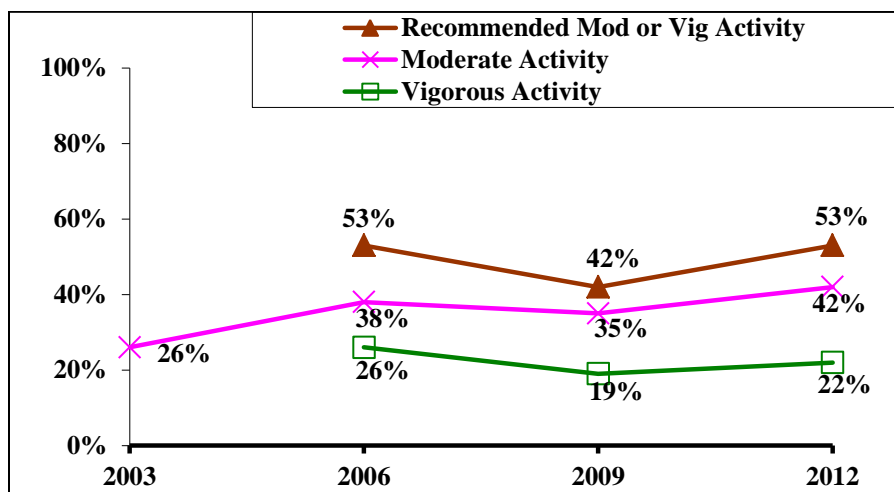
Regular physical activity can improve the health of all people across all ages. Activity in children can improve bone health, increase muscular fitness and reduce stress and depression. Among adults of all ages, regular physical activity can lower the risk of heart disease, high blood pressure, Type 2 diabetes, stroke, falls and depression. The combination of healthy eating and regular physical activity also controls weight and influences overall health.

Data reflects that Cudahy residents have slightly increased the amount of physical activity they participate in on a weekly basis from 2009 to 2012, though moderate activity (22%) and vigorous activity (22%) reports remain areas of improvement (Community Health Survey; 2012). Reports of nutritional intake of Cudahy residents have remained relatively steady from 2003 to 2012; Sixty-two percent of residents consume the recommended servings of fruits daily and 28% have adequate vegetable consumption (Community Health Survey; 2012).

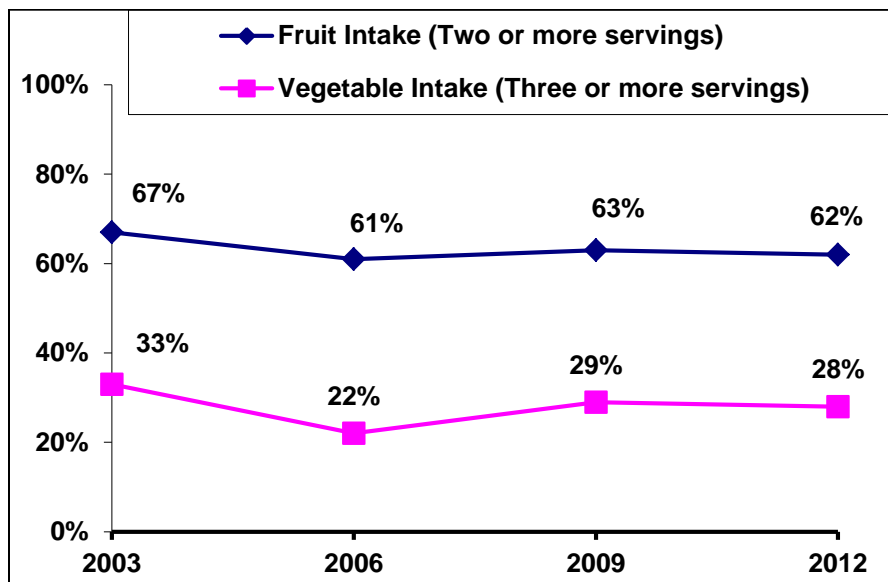
Physical Health of Cudahy Residents

Cudahy	2003	2006	2009	2012
Physical Activity/Week				
Moderate Activity (5 times/30 min)	26%	38%	35%	42%
Vigorous Activity (3 times/20 min)		26%	19%	22%
Recommended Moderate or Vigorous		53%	42%	53%
Overweight	65%	70%	65%	67%
Fruit Intake (2+ servings/day)	67%	61%	63%	62%
Vegetable Intake (3+ servings/day)	33%	22%	29%	28%

Physical Activity in Adults



Nutrition on an Average Day



Conclusion

The mission of the Cudahy health department is to prevent illness and injury and to promote and protect the health and wellbeing of the Cudahy community. The department envisions all members of the Cudahy community working together with key resources to ensure optimal health and wellbeing. This community health assessment is the foundation on which future community health planning is built. The document informs the Cudahy community about the health status, strengths and needs from a broad health perspective.

A Community Health Improvement Plan (CHIP) is developed every five years based on these Community Health Assessment findings. The CHIP guides the health department, community partners and leaders to address the needs of Cudahy residents. Health priorities will be selected and projects, programs and services to support those priorities will be executed.

Acknowledgements

The CHD would like to acknowledge the partners involved in the assessment process: Aurora Health Care, Aurora St. Luke's South Shore, Surveyed Community Residents, City of Cudahy Police Department, City of Cudahy Fire Department, City of Cudahy School District, Cudahy Women, Infants and Children Program and CHD staff.

Acknowledgements to the City of Greenfield Community Health Assessment, City of Wauwatosa Community Health Assessment and City of West Allis Community Health Assessment as resources and references in the creation of this document.

Appendix I: Community Health Assessment Summary

The following data are highlights of a comprehensive study.

Overall Health					Vaccinations (65 and Older)					
Cudahy	2003	2006	2009	2012	Cudahy	2003	2006	2009	2012	
Excellent	22%	21%	10%	18%	Flu Vaccination (past year)	70%	70%	77%	59%	
Very Good	34%	37%	47%	33%	Pneumonia (ever)	61%	74%	79%	71%	
Fair or Poor	13%	17%	17%	20%						
Other Research: (2010)				WI	U.S.	Other Research: (2010)				
Fair or Poor				14%	15%	Flu Vaccination (past year)				
						Pneumonia (ever)				
Health Care Coverage					Health Conditions in Past 3 Years					
Cudahy	2003	2006	2009	2012	Cudahy	2003	2006	2009	2012	
Not Covered					High Blood Pressure	24%	27%	27%	31%	
Personally (currently)	6%	9%	9%	4%	High Blood Cholesterol	20%	26%	25%	27%	
Personally (past 12 months)			12%	4%	Mental Health Condition			10%	17%	
Household Member (past 12 months)	15%	20%	13%	4%	Diabetes	7%	8%	10%	10%	
Other Research: (2010)				WI	U.S.	Asthma (Current)				
Personally Not Covered (currently)				11%	15%	Heart Disease/Condition				
						Cancer				
						Stroke				
Did Not Receive Care Needed (Past 12 Months)					Condition Controlled Through Medication,					
Cudahy	2003	2006	2009	2012	Exercise or Lifestyle Changes					
Prescript. Meds Not Taken Due to Cost	8%	11%	8%	7%	High Blood Pressure					
Unmet Care					High Blood Cholesterol					
Dental Care				16%	Mental Health Condition					
Medical Care	7%	8%	10%	10%	Diabetes					
Mental Health Care				2%	Asthma (Current)					
					Heart Disease/Condition					
Health Information and Services										
Cudahy	2003	2006	2009	2012	Physical Health					
Health Information Source					Cudahy	2003	2006	2009	2012	
Doctor				37%	Physical Activity/Week					
Internet				40%	Moderate Activity (5 times/30 min)					
Advance Care Plan	27%	33%	37%	31%	Vigorous Activity (3 times/20 min)					
Primary Source of Health Advice/Service					Recommended Moderate or Vigorous					
Doctor/nurse practitioner's office		79%	87%	79%	Overweight					
Urgent care center		2%	3%	5%	Fruit Intake (2+ servings/day)					
Hospital emergency room		6%	2%	2%	Vegetable Intake (3+ servings/day)					
Hospital outpatient		3%	2%	2%	Other Research:				WI	U.S.
Public health clinic/community health center		4%	2%	1%	Overweight (2010)				64%	64%
No usual place		5%	2%	10%	Recommended Mod. or Vig. Activity (2009)				53%	51%
Routine Procedures										
Cudahy	2003	2006	2009	2012	Women's Health					
Routine Checkup (2 yrs. ago or less)	83%	83%	73%	86%	Cudahy	2003	2006	2009	2012	
Cholesterol Test (4 years ago or less)	77%	76%	75%	71%	Mammogram (40+; within past 2 years)					
Dental Checkup (past year)	63%	65%	69%	69%	Bone Density Scan (65 and older)					
Eye Exam (past year)	48%	47%	50%	43%	Pap Smear (18 - 65; within past 3 years)					
Other Research:				WI	U.S.	Other Research: (2010)				
Routine Checkup (≤2 years; 2000)				79%	84%	Mammogram (40+; within past 2 years)				
Cholesterol Test (≤5 years; 2010)				77%	77%	Pap Smear (18+; within past 3 years)				
Dental Checkup (past year; 2010)				75%	70%					

The following data are highlights of a comprehensive study, continued.

Men's Health (40 and Older)					Alcohol Use in Past Month				
Cudahy	<u>2006</u>	<u>2009</u>	<u>2012</u>		Cudahy	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>
Prostate Cancer Screening					Binge Drinker	20%	14%	24%	36%
Within Past 2 Years	55%	69%	51%		Driver/Passenger When Driver				
					Perhaps Had Too Much to Drink	2%	2%	1%	2%
Colorectal Cancer Screenings (50 and Older)					Other Research: (2010)				
Cudahy	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	Binge Drinker			<u>WI</u>	<u>U.S.</u>
Blood Stool Test (within past year)	36%	21%	--	10%				22%	15%
Sigmoidoscopy (within past 5 years)			9%	10%					
Colonoscopy (within past 10 years)			62%	61%					
Screening in Recommended Time Frame			63%	65%	Household Problems Associated With...				
Cigarette Use					Cudahy	<u>2006</u>	<u>2009</u>	<u>2012</u>	
Cudahy	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	Alcohol	<1%	4%	5%	
Current Smokers (past 30 days)	25%	27%	24%	19%	Misuse of Prescription or OTC Drugs				3%
Other Tobacco Products (past 30 days)			4%		Marijuana				2%
Of Current Smokers...					Cocaine, Heroin or Other Street Drugs				2%
Quit Smoking 1 Day or More in Past					Gambling				<1%
Year Because Trying to Quit	56%	52%	64%	59%	Children in Household				
Saw a Health Care Professional Past Year					Cudahy				<u>2012</u>
And Advised to Quit Smoking	57%	89%	76%		Personal Health Doctor/Nurse who				
					Knows Child Well and Familiar with History				93%
<i>Other Research:</i>			<u>WI</u>	<u>U.S.</u>	Visited Personal Health Professional for				
<i>Current Smokers (2010)</i>			19%	17%	Preventive Care (past 12 months)				97%
<i>Tried to Quit (2005)</i>			49%	56%	Did Not Receive Care Needed (past 12 months)				
Exposure to Smoke					Dental Care				7%
Cudahy		<u>2009</u>	<u>2012</u>		Medical Care				<1%
Smoking Policy at Home					Specialist				<1%
Not allowed anywhere		74%	78%		Current Asthma				24%
Allowed in some places or at some times		8%	10%		Safe in Community/Neighborhood (seldom/never)				5%
Allowed anywhere		3%	2%		Children 5 to 17 Years Old				
No rules inside home		16%	11%		Fruit Intake (2+ servings/day)				70%
Nonsmokers' Second-Hand Smoke					Vegetable Intake (3+ servings/day)				35%
Exposure in Past Seven Days		32%	14%		Physical Activity (60 min./5 or more days)				51%
<i>Other Research: (WI: 2003; US: 2006-2007)</i>			<u>WI</u>	<u>U.S.</u>	Children 8 to 17 Years Old				
<i>Smoking Prohibited at Home</i>			75%	79%	Unhappy, Sad or Depressed				
Mental Health Status					Always/Nearly Always (past 6 months)				7%
Cudahy	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	Experienced Some Form of Bullying (past 12 months)				41%
Felt Sad, Blue or Depressed					Verbally Bullied				38%
Always/Nearly Always (past 30 days)	6%	5%	7%	6%	Physically Bullied				15%
Find Meaning and Purpose in Daily Life					Cyber Bullied				1%
Seldom/Never	5%	6%	5%	7%	Community Health Issues				
Considered Suicide (past year)	3%	3%	5%	2%	Cudahy				<u>2012</u>
Personal Safety in Past Year					Alcohol or Drug Use				66%
Cudahy	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	Chronic Diseases				57%
Afraid for Their Safety	5%	5%	8%	7%	Violence				57%
Pushed, Kicked, Slapped, or Hit	4%	3%	5%	3%	Teen Pregnancy				33%
At Least One of the Safety Issues	8%	7%	9%	9%	Mental Health or Depression				22%
					Infectious Diseases				21%
					Infant Mortality				18%
					Lead Poisoning				4%

Appendix II: Community Health Assessment Questions

The following questions are from the comprehensive study conducted by Aurora Health Care to a sampling of the Cudahy community representative of the population.

1. Generally speaking, would you say that your own health is...?
2. Currently, what is your primary type of health care coverage?
3. Did you have health insurance during all, part or none of the past 12 months?
4. Did everyone in your household have health insurance during all, part or none of the past 12 months?
5. In the last 12 months, have you or anyone in your household not taken prescribed medication due to prescription costs?
6. Was there a time during the last 12 months that you felt you did not get the medical care you needed?
7. Why did you not receive the medical care you thought you needed?
8. Was there a time during the last 12 months that you felt you did not get the dental care you needed?
9. Why did you not receive the dental care you thought you needed?
10. Was there a time during the last 12 months that you felt you did not get the mental health care you needed?
11. Why did you not receive the mental health care you thought you needed?
12. From which source do you get most of your health information?
13. When you are sick or need advice about your health, to which one of the following places do you usually go?
14. Do you have an advance health care plan, living will or health care power of attorney stating your end of life health care wishes?
15. A routine check-up is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last received a routine checkup?
16. During the past 12 months, have you had a flu shot or a flu vaccine that was sprayed in your nose?
17. A routine checkup?
18. Cholesterol testing?

19. Visit to a dentist or dental clinic?

20. An eye exam?

21. Could you please tell me in what year you born?

22. A pneumonia shot or pneumococcal vaccine is usually given once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

In the past three years, have you been treated or been told by a doctor, nurse or other health care provider that:

23. You have high blood pressure?

24. Is it under control through medication, exercise or lifestyle changes?

25. Your blood cholesterol is high?

26. Is it under control through medication, exercise or lifestyle changes?

27. You had a stroke?

28. Is it under control through medication, exercise or lifestyle changes?

29. You have a heart disease or condition?

30. Is it under control through medication, exercise or lifestyle changes?

31. You had a mental health condition?

32. Is it under control through medication, exercise or lifestyle changes?

33. You have cancer?

34. Describe the type.

35. You have diabetes?

36. Is it under control through medication, exercise or lifestyle changes?

37. Do you currently have asthma?

38. Is it under control through medication, exercise or lifestyle changes?

39. On an average day, how many servings of fruit do you eat or drink?

40. On an average day, how many servings of vegetables do you eat?

41. Now thinking about the moderate physical exercise you do when you are not working, in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling,

vacuuming, gardening or anything else that causes small increases in breathing or heart rate?

42. How many days per week do you do these moderate activities for at least 10 minutes at a time?

43. On the days you do these moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

44. Now thinking about the vigorous physical exercise you do when you are not working, in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

45. How many days per week do you do these vigorous activities for at least 10 minutes at a time?

46. On the days you do these vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

47. A mammogram is an x-ray of each breast to look for breast cancer. How long has it been since you had your last mammogram?

48. A bone density scan helps determine if you are at risk for fractures or are in the early stages of osteoporosis. Have you ever had a bone density scan?

49. A pap smear is a test for cancer of the cervix. If you have not had a hysterectomy, how long has it been since you had your last pap smear?

50. There are two prostate cancer screenings. One is a digital rectal exam where a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland while the other is a Prostate-Specific Antigen test, also known as a PSA test, which is a blood test for prostate cancer. How long has it been since you had your last prostate cancer screening?

51. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had a blood stool test?

52. A sigmoidoscopy is where a flexible tube is inserted into the rectum to view the bowel for signs of cancer or other health problems. How long has it been since you had your last sigmoidoscopy?

53. A colonoscopy is similar to a sigmoidoscopy, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. How long has it been since you had your last colonoscopy?

54. During the **past 30 days**, about how often would you say you felt sad, blue, or depressed?

55. How often would you say you find meaning and purpose in your daily life?

56. In the past year have you ever felt so overwhelmed that you considered suicide?

An alcoholic drink is one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor.

57. Considering all types of alcoholic beverages, how many times during the past month did you have [five or more drinks (males); four or more drinks (females)] on an occasion?

58. In the past 30 days, did you drive or ride when the driver had perhaps too much alcohol to drink?

During the past year, has ANYONE IN YOUR HOUSEHOLD, INCLUDING YOURSELF, experienced any kind of problem such as legal, social, personal, physical or medical in connection with...?

59. Drinking alcohol?

60. Marijuana?

61. Cocaine, heroin or other street drugs?

62. Misuse of prescription drugs or over-the-counter drugs?

63. Gambling?

64. Do you now smoke cigarettes every day, some days or not at all?

65. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?

66. In the past 12 months, have you seen a doctor, nurse or other health professional?

67. In the past 12 months, has a doctor, nurse or other health professional advised you to quit smoking?

68. Which statement best describes the rules about smoking inside your home... ?

69. In the past seven days, how many days were you in the same room or did you ride in a car with someone who was smoking cigarettes?

70. In the past 30 days, did you use other tobacco products such as cigars, pipes, chewing tobacco or snuff?

71. What is your gender?

72. About how much do you weigh, without shoes?

73. About how tall are you, without shoes?

74. Are you Hispanic or Latino?

75. Which of the following would you say is your race?

76. What is your current marital status?

77. What is the highest grade level of education you have completed?

78. What county do you live in?
79. What city, town or village do you legally reside in?
80. What is the zip code of your primary residence?
81. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.
82. How many of these telephone numbers are residential numbers?
83. Do you have a cell phone that you use mainly for personal use?
84. What is your annual household income before taxes?
85. How many children under the age of 18 are living in the household?
86. Do you make health care decisions for [HIM/HER - child]?
87. What is the age of the child?
88. Is the child a boy or girl?
89. Was there a time during the last 12 months that you felt your child did not get the medical care [HE/SHE] needed?
90. Why did your child not receive the medical care needed?
91. A personal doctor or nurse is a health professional who knows your child well, and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist, a nurse practitioner or a physician assistant. Do you have one or more persons you think of as your child's personal doctor or nurse?
92. Preventive care visits include things like a well-child check, a routine physical exam, immunizations, lead or other health screening tests. During the past 12 months, did [HE/SHE] visit their personal doctor or nurse for preventive care?
93. Specialists are doctors like surgeons, heart doctors, allergists, psychiatrists, skin doctors and others who specialize in one area of health care. Was there a time during the past 12 months your child needed to see a specialist but did not?
94. Why did your child not see a specialist needed?
95. Was there a time during the last 12 months that you felt your child did not get the dental care [HE/SHE] needed?
96. Why did your child not receive the dental care needed?

97. Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make the child limit his or her activity more than usual, or make you seek medical care. During the past 12 months, has your child had an episode of asthma or an asthma attack?

98. When your child was an infant of less than one year old, where did [0 Children 2 years old or younger] did he/she usually sleep?

99. How often do you feel your child is safe in your community or neighborhood?

100. During the past 6 months, how often was your child unhappy, sad or depressed?

101. During the past 12 months, has your child experienced any bullying?; What type of bullying did your child experience?

102. On an average day, how many servings of fruit does your child eat or drink? One serving is 1/2 cup of canned or cooked fruit, 1 medium piece of fruit or 6 ounces of juice.

103. On an average day, how many servings of vegetables does your child eat? One serving is 1/2 cup of cooked or raw vegetable or 6 ounces of juice.

104. During the past seven days, on how many days was your child physically active for a total of at least 60 minutes that caused an increase in their heart rate and made them breathe hard some of the time?

105. Why was your child not physically active for at least 60 minutes on more days?

106. During the past year has anyone made you afraid for your personal safety?

107. What relationship is this person or people to you? For example, a spouse, spouse who is now separated, ex- spouse, boyfriend or girlfriend, parent, brother or sister, friend, acquaintance, a stranger, or someone else?

108. During the past year has anyone pushed, kicked, slapped, hit or otherwise hurt you?

109. What relationship is this person or people to you? For example, a spouse, spouse who is now separated, ex- spouse, boyfriend or girlfriend, parent, brother or sister, friend, acquaintance, a stranger, or someone else?

110. What are the three largest health concerns in Cudahy?

Appendix III: Data Sources

Healthy People 2020

<http://www.healthypeople.gov/2020/default.aspx>

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. Healthy People 2020 tracks approximately 1,200 objectives organized into 42 topic areas, each of which represents an important public health area.

Secure Public Health Electronic Record Environment (SPHERE)

http://www.wisconsinmedicalsociety.org/_WMS/publications/wmj/issues/wmj_v106n3/Landis.pdf

An electronic reporting system for maternal and child health data.

U.S. Behavioral Risk Factor Surveillance System (BRFSS)

<http://www.cdc.gov/brfss/>

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984.

U.S. Census Bureau; American Community Survey 2013

<http://www.census.gov/>

The U.S. Census Bureau collects population and housing characteristic data on a decennial (every 10 year) basis. Data is available on social, economic, demographic and housing characteristics of communities, states and the nation.

Cudahy Community Health Survey (2003, 2006, 2009, 2012)

<http://www.aurorahealthcare.org/aboutus/community-benefits/community-health-research/index.asp>

The CHD, in partnership with Aurora Health Care, conducts a community health survey every three years to learn more about the general health of Cudahy adults and their health-related behaviors. Survey respondents are scientifically selected so that the survey results are representative of Cudahy adults with telephones in their home.

Cudahy Health Department Program Data

By law (statute 252 and 254), the CHD routinely collects data on communicable diseases, environmental risks and exposures, and provides citizens with information and resources on a variety of health topics.

Wisconsin Electronic Disease Surveillance System (WEDSS)

<http://www.dhs.wisconsin.gov/wiphin/WEDSS.htm>

WEDSS is a secure, web-based system designed to facilitate reporting, investigation, and surveillance of communicable disease in Wisconsin.

Wisconsin Immunization Registry (WIR)

<http://www.dhs.wisconsin.gov/immunization/wir.htm>

WIR is a computerized Internet database used to record and track immunization status of Wisconsin's children and adults.

Cudahy Historical Society

<http://www.cudahyhistoricalsociety.org/>

The Cudahy Historical Society contains a repository of items and information from Cudahy's past.

Wisconsin Department of Health Services (DHS); Wisconsin Deaths, 2012

<http://www.dhs.wisconsin.gov/deaths/>

This report provides access to annual statistics based on aggregate data from Wisconsin death records.

Wisconsin Interactive Statistics on Health

<http://www.dhs.wisconsin.gov/wish/>

This interactive site provides information about health indicators in Wisconsin. Data is collected from a variety of sources and includes multiple years and geographic areas.

Cudahy Water Quality Report 2013

http://www.cudahy-wi.gov/departments/water_utility/index.php

The Cudahy Water Utility monitors contaminants in drinking water and complies with federal regulations to provide annual updates to this information.

MAPP Framework by NACCHO

<http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm>

MAPP is a planning tool for improving community health.

American Psychological Association (APA)

<http://www.apa.org/pi/ses/resources/publications/factsheet-cyf.aspx>

APA aims to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives.

Wisconsin Well Woman Program (WWWP)

<http://www.dhs.wisconsin.gov/womenshealth/wwwp/>

WWWP provides health screenings to women with little or no health insurance coverage.

Wisconsin Department of Natural Resources; Air Quality Report

Milwaukee County Ozone

<http://dnr.wi.gov/topic/AirQuality/AQNSHistoryList.asp?county=Milwaukee>

The DNR reports air quality notices for Milwaukee County; Historical data includes notices for both ozone and particle pollution.

National Center for Healthy Housing (NCHH)

<http://www.nchh.org/What-We-Do/Health-Hazards--Prevention--and-Solutions/Lead.aspx>

NCHH aims to find valid and practical strategies for making homes safe and healthy.

Centers for Disease Control and Prevention (CDC)

Blood Lead Levels; Food-borne Pathogens

http://www.cdc.gov/nceh/lead/acclpp/blood_lead_levels.htm;

<http://www.cdc.gov/foodborneburden/2011-foodborne-estimates.html>

The Centers for Disease Control and Prevention is a national resource that aims to save lives and protect people.

County Medical Examiner Reports Heroin and Opiate Use

<http://www.wpr.org/67-people-died-heroin-overdoses-milwaukee-county-last-year>